DOCUMENT RESUME

ED 222 307 RC 013 624

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TITLE Problems and Issues in Implementing an Interdisciplinary Training Program in a Primary Care - Mental Health Barrio Clinic.
SPONS AGENCY National Inst. of Mental Health (DHEW), Bethesda, Md.; Texas Univ., Austin. Hogg Foundation for Mental Health.
PUB DATE Mar 80
GRANT #33-06533; NIMH-#1T21-MH-14863-01
NOTE 18p.; Paper presented at the Annual Meeting of the Council on Social Work Education (Los Angeles, Calif., March 9-12, 1980). For related document, see RC 013 606

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Field Experience Programs; Higher Education; Hispanic Americans; Institutional Cooperation; *Interdisciplinary Approach; *Primary Health Care; *Program Attitudes; Program Content; *Social Workers; *Student Attitudes; *Trainees
IDENTIFIERS Consortium Training Program TX

ABSTRACT

Program trainees of an interinstitutional interdisciplinary primary care-mental health training program, implemented in Houston, Texas, included residents in psychiatry, pediatrics, internal medicine, and family practice; medical students; and graduate students in psychology, social work and nursing. A combination of field practicum and didactic experiences encouraged interdisciplinary encounters. Social work trainee graduates were asked to complete a self-administered questionnaire rating 20 dimensions of the program in terms of usefulness to their present social work practice. Specific dimensions included interaction with peers and faculty by discipline and perceived value of their participation in the weekly didactic and case presentation components. Of 18 questionnaires mailed, 12 were returned. Students ranged in age from 24 to 56 (mean age of 34) and included 6 males and 6 females, with half being Hispanic. Mean rating student responses were used to examine in retrospect problems and issues encountered. Findings indicated peer interaction ratings ranged from a low of 5.67 for psychiatric nursing to a high of 8.00 for social work; faculty interaction ratings ranged from a low of 6.83 for psychiatry to a high of 7.66 for social work; and students felt the program positively affected their appreciation for their role as social workers, others' expertise, and their self-confidence. (Author/NQA)

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PROBLEMS AND ISSUES IN IMPLEMENTING AN INTERDISCIPLINARY TRAINING PROGRAM IN A PRIMARY CARE - MENTAL HEALTH BARRIO CLINIC

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Paper presented at the Annual Meeting of the Council on Social Work Education, Los Angeles, California, March 9-12, 1980. Session 201. Training and Integrative Practice Models.

This program was supported by the NIMH, Grant #1T21 MH 14863-01 and in part by the Hogg Foundation for Mental Health, Grant # 33-06533.

RC013624

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Abstract

An interinstitutional interdisciplinary primary care-mental health training program was implemented in Houston, Texas. The program trainees include 1) residents in psychiatry, pediatrics, internal medicine, and family practice; 2) medical students; and 3) graduate students in psychology, social work and nursing. A combination of field and didactic experiences are used to encourage interdisciplinary encounters. Social work trainee graduates of the program were asked to rate twenty dimensions of the program. The mean rating student responses are used to examine in retrospect problems and issues encountered. The paper describes the model, study, and discusses the findings based on a two year experience.

Introduction:

The rationale of the growing concern for the provision of interdisciplinary learning experiences for students of health care professions lies in the emerging models of service delivery that are based on the shared knowledge and skills of many individuals (Bassoff, 1976). The practice of interdisciplinary teams dates back to the late 1940's, when an outreach health care team composed of physicians, nurses, and social workers was organized at Montefiore Hospital in the Bronx, New York to provide home care services. During the 1950's the concept was expanded by Dr. George Silver, in conjunction with the Montefiore Medical Group, into a Family Health Maintenance Demonstration project (Harris, 1978).

Interest in the use of health teams to improve the health of individuals and families grew during the 1960's with the growth of the federally funded neighborhood centers. Inclusion in the 1976 Amendments to the Federal Health Professions Assistance Act (PL 94-484 Title V Section 7717) of training funds for schools of social work gave impetus for the development of units of curricula devoted to cooperative interdisciplinary efforts in the area of health. In 1975, a memorandum summarizing a meeting on the "development of manpower" for the health field was issued by the Council on Social Work Education which supported interdisciplinary efforts of educating in health related disciplines. The interinstitutional interdisciplinary model described below addresses three of the four CSWE concerns (recommendations) cited by Bracht (1978):

1) Health care education should be directed toward training social workers to coordinate efforts with other members of the health care team both in direct services and work with patients and families, and to become contributors in health planning.

3) Social work education ought to include a much stronger biological and physiological base.

4) Schools of social work should develop linkages with systems in medical centers and schools of other health professions.

A model was designed to train students in the master's degree program of the Graduate School of Social Work, University of Houston for direct practice positions in primary care settings. A macro-system objective for the preparation of these students in prevention, epidemiologic approaches, and program planning skills will be included when the School initiates a health care specialization in 1980-81. Presently, the students are exposed to concepts of prevention, epidemiology and program planning in a variety of policy, planning and administrative behavior courses offered in the curriculum for all students.

In order to assess two years learning experience in this interinstitutional interdisciplinary training program and the effectiveness of the model, the social work students of the program were asked to rate twenty program variables. The findings of this survey with some implications are presented in this article as well as the Consortium structure, the program objectives, the field setting, the training model, the description of student sample, the questionnaire. Also, an interpretation of the findings is discussed.

Consortium Structure:

The Houston Primary Care Mental Health Training Consortium structurally consists of three educational institutions: Baylor College of Medicine, the University of Texas Health Science Center School of Nursing at Houston, and the University of Houston Graduate School of Social Work, and two service agencies: the Mental Health and Mental Retardation Authority of Harris County, a public provider of mental health services; and the Harris County

Hospital District, a tax supported provider of health services. All of these institutions are bound together by their common desire to improve the quality of health services available to the people of Houston. The Consortium was formed to demonstrate the effectiveness of a specialized training program in using an interdisciplinary approach to the provision of comprehensive health care.

The Consortium Training Program goals are to:

1) Provide training geared to specific service needs,
2) Enhance the mental health care skills of all participants,
3) Promote interdisciplinary teaming, and
4) Engender psychosocial and cross-cultural perspectives in the delivery of health and mental health services.

The Field Setting:

The Consortium Training Program was initiated in July of 1977, at the Casa de Amigos (House of Friends) Neighborhood Health Center through a grant funded by the Services Manpower Research Development Programs of the Division of Manpower and Training, National Institute of Mental Health. Located in a large barrio in north central Houston, this facility is a multiple social/medical neighborhood center which contains components of the Harris County Hospital District, the Mental Health Mental Retardation Authority of Harris County, and the Houston Public Health Department. It serves a catchment area of 135,550 persons. Adjacent to the facility and identified as a part of Casa de Amigos is a community center housed in a former Methodist Church which offers a variety of counseling and cultural enrichment programs. This training site was chosen because its mission was to provide comprehensive services to meet the needs of the low-income, predominantly Mexican-American population of the surrounding community; to provide both primary care and

mental health service programs operating within one structure; and to deliver primary care through dyad teams (one for pediatric and the other for adult care) composed of physicians, nurses and nutritionists and because two of the Consortium's participating educational institutions i.e., Graduate School of Social Work, University of Houston and medical students of Baylor College of Medicine were actively using the facility for training purposes.

The Training Model:

The Program's trainees include 1) residents in psychiatry, pediatrics, internal medicine, and family practice; 2) medical students; and 3) graduate students in psychology, social work and nursing. Social work students, along with psychiatric nursing trainees, provide most of the services for individuals who come to the clinic with psychosocial difficulties. In contrast to the roles traditionally played by social workers in ambulatory care settings, the students are fully integrated into the adult and pediatric primary care teams. They actively take part in treatment planning and provide longitudinal care for the management of psychosocial problems. When presented with emotional difficulties which are too complex for them to handle, onsite back-up is readily available from the secondary mental health team composed of the psychology and psychiatric residents. Social workers provide integrationist functions in that they serve as a bridge between the adult and pediatric teams when addressing family problems. Also, together with the other primary care members, they bear long term responsibility for patient-clients by acting as a liaison to secondary and tertiary care providers both in-house and outside the clinic (Curiel, et al., 1978).

Instruction is provided by a core interinstitutional, interdisciplinary faculty including the disciplines of primary care, psychiatry, psychology, social work, nursing, anthropology, and sociology. Two primary modes of

instruction are used: field practicum and didactic.

Practicum: The portion of the program defined as field practicum includes student participation in the delivery of supervised health and mental health services at the Casa de Amigos Neighborhood Health Center. Social work and nursing students are assigned specific time periods to handle requests for psychosocial evaluations. The primary care physician introduces the patient to the mental health trainee who is on call. After an initial interview with the patient the mental health trainee confers with the primary care physician to share findings and to coordinate planning. Social work and nursing students assume responsibility for ongoing work with those patients that are experiencing psychosocial conflicts. Weekly team meetings are held to review and coordinate ongoing treatment with patients being seen by the team. Core faculty members of the Consortium are present at Casa de Amigos and are responsible for supervision. These direct clinical experiences are augmented by additional community experiences such as home visits by a physician and a social work student and site visits to related community agencies such as emergency mental health centers, in-patient mental health units and community programs serving similar populations.

Didactic: The didactic component consists of a series of weekly lectures dealing with basic concepts in primary care and mental health. This component is designed to incorporate the learning needs of the various students. One set of didactic experiences is presented at Casa de Amigos to include the primary care/community medicine trainees. A second and third set of didactic experiences is provided for the mental health trainees (nursing and social work, and psychiatry and psychology) at the Baylor College of Medicine. The format for these experiences is a combination of lecture and discussion sessions around clinical issues that are pertinent to all disciplines.

Due to the fact that the trainees rotate on different academic schedules, each discipline group participates in the program for varying periods of time during the year. For example, the social work students, psychology interns, and graduate psychiatric nursing students are present for the entire calendar year. However, the psychiatric residents may be present for only six months, and the residents in family medicine and pediatrics are in the program for only eight and six weeks respectively. Finally, medical students rotate on a split schedule, some being present for four weeks and others for only two weeks. The primary care/community medicine trainees (including family practice residents, internal medicine residents, pediatric residents, and medical students) take part in formal educational experiences during the six to eight weeks that they are present at the field site.

Both groups of mental health trainees (psychiatry and psychology, and nursing and social work) participate in a year-long educational experience that is designed to meet training objectives related to their educational needs. The psychiatry residents and the psychology interns comprise one group, the secondary mental health team. These trainees participate in a series of thirty-six weekly seminars. Simultaneously, the second group, made up of graduate nursing and social work students function as members of the primary medical care teams and participate in a series of seminars dealing with the provision of mental health services in primary care settings. Each seminar includes a team presentation in the form of a lecture by two faculty and a period for discussion following the presentations. Cross discipline sharing of information is encouraged.

All mental health trainees participate in case presentations usually lasting one hour. All trainees i.e. social work, nursing, psychology and psychiatry students take turns in presenting an ongoing treatment case. The group

makes recommendations based on the presentation. Following these meetings the students attend the Baylor Department of Psychiatry grand rounds. This schedule holds for the first three Wednesday mornings of each month, while the fourth Wednesday is devoted to site visits to select community sites. In addition to the practicum and didactic education described here, the trainees pursue course work concurrently at their home institutions for a degree or certification in their respective disciplines.

Members of the Consortium faculty and select students provide inservice training and continuing education for non-Consortium staff at Casa de Amigos. Harris County Hospital District (HCHD) and Mental Health and Mental Retardation Authority (MHMRA) staff members have an opportunity to work together with program faculty and trainees as well as to participate in didactic presentations.

Description of the Sample:

The social work students in year one and two of the program were asked to complete a self-administered questionnaire. Our of 18 questionnaires mailed, twelve were returned. The students ranged in age from 24 to 56 with a mean age of 34. Six of the students were male, six female with one half of the respondents being Hispanic.

The Questionnaire: A twenty item questionnaire was constructed. Students were asked to rate on a scale of 1 to 9 each item in terms of usefulness to their present social work practice. The items included specific dimensions of their program experience such as interaction with peers and faculty by discipline and perceived value of their participation in the weekly didactic and case presentation components. A score of 9 designates the maximum "very useful" rating.

The findings as shown in Tables 1-3 indicate that the social work

students rated their participation in the interdisciplinary program with few exceptions in the 7-9 very useful range. Student ratings on five dimensions of the program are shown below in Table 1. Case presentations, the didactic and learning and using the problem oriented record were rated in the "very useful range". Participation in grand rounds and the use of the process recording for supervision were rated low. Grand rounds was rated in the low-useful range and process recording in the useful range.

TABLE 1: SOCIAL WORK TRAINEE GRADUATES' MEAN USEFUL RATING OF INTERDISCIPLINARY PROGRAM COMPONENTS

N=12

COMPONENTS	X	S.D.
CASE PRESENTATION	7.92	1.16
DIDACTIC	7.50	1.00
GRAND ROUNDS	4.67	2.35
POR RECORDING	7.50	1.62
PROCESS RECORDING	5.67	1.97

In Table 2 (page 11) the students' useful ratings of their interdisciplinary contacts with peer students, clinic staff and faculty of the various disciplines are shown. The peer interaction ratings ranged from a low of 5.67 for psychiatric nursing to a high of 8.00 for social work. The faculty interaction ratings ranged from a low of 6.83 for psychiatry to a high of 7.66 for social work.

TABLE 2: SOCIAL WORK TRAINEE GRADUATES' MEAN USEFUL INTERDISCIPLINARY CONTACT RATINGS BY DISCIPLINE

N=12

DISCIPLINES	PEER X	PEER S.D.	FACULTY X	FACULTY S.D.
ANTHROPOLOGY			7.33	1.43
MEDICINE	6.25	2.05	7.58	1.38
PSYCHOLOGY	6.91	2.31	7.27	1.79
PSYCHIATRIC NURSING	5.67	2.45	7.00	1.34
PSYCHIATRY	6.50	1.93	6.83	1.34
SOCIAL WORK	8.00	0.85	7.66	1.82
CLINIC STAFF			7.16	1.40

In Table 3, below, the students' value ratings of how the program affected their appreciation for their role as social workers, their appreciation for the expertise of others and their level of self-confidence are shown. As shown in Table 3, the program was rated consistently high, all ratings were in the very useful range.

TABLE 3: SOCIAL WORK TRAINEE GRADUATES' MEAN INTERDISCIPLINARY PROGRAM SELF EFFECT RATING

N=12

VARIABLE	X	S.D.
SW ROLE APPRECIATION	7.75	1.96
VALUE OTHERS' EXPERTISE	8.08	1.38
SELF CONFIDENCE	7.68	1.43

Interpretation and Discussion

A comparative study would have been desirable in order to assess other trainees' rating of social work and their interdisciplinary experience. Social work students were selected because they composed the largest number of mental health trainees who were in the program one year. During the same two year period 4 psychiatry residents, 2 psychology and 2 psychiatric nursing students completed the program. The number of participating primary care medical students was higher. Their time in the program varied and was usually brief; therefore it was not deemed feasible to include them in this study.

The findings are subject to a number of interpretations; a number of hypotheses are discussed below. The program has undergone a number of changes that could be reflected in the student ratings. Changes have occurred in faculty and in the number of trainees. Two core faculty members, psychiatry and psychiatric nursing, resigned at the end of the first year. The number of social work trainees increased from four the first semester in year one to nine for each of the subsequent semesters. The nursing students increased from one the first semester to two the second semester and none for year two. The number of psychiatry and psychology residents remained the same with two in psychiatry and one in psychology for each of the two years.

In the initial year, faculty and students met with some resistance from the two care provider agencies where the program was lodged. The initial social work trainees had to overcome the stereotype of the social worker who deals with concrete needs such as food stamps, housing, and employment resources. The psychologist had to overcome the stereotype of the professional who only administers psychological tests. The mental health program at this site had not had a clinical psychologist before the consortium.

Personality and ethnic conflicts were present. The majority of the clinic staff were minority persons primarily of Mexican heritage except in the mental health program where the majority were Black. The Consortium faculty of five was composed of four bilingual-bicultural colleagues except the nursing faculty in both years. The trainees were mixed in ethnic background. A good percentage of psychiatry, primary care and social work trainees were of bilingual bicultural backgrounds. Given all of the potential problems and other discussed intervening variables it is indeed gratifying to find that the social work students found their interdisciplinary experience beneficial and of high usefulness to their subsequent practice.

In examining the ratings for the program components it is hypothesized that the low 4.7 rating for psychiatry grand rounds reflects the fact that this was an add-on component. The topics addressed in grand rounds are not sequential in order of complexity and therefore, frequently introduce alien concepts to the social work student. The formal format does not lend itself to discussion. It could have been predicted that process recording rated 5.67 would be rated low. Social work students are noted for complaining about the use of process recording.

Also, it is hypothesized that the ratings on peer interaction reflect the varying levels of interaction. The 5.7 rating for nursing reflects the low number of nursing trainees and limited interaction when they were present because of schedule conflicts, e.g. nursing students were at the clinic on Fridays when social work students were not present. When the nurses were at the field site they were physically present at the nursing stations in the primary care area whereas social work students tended to congregate in an adjacent building designated for all Consortium trainees.

Although the 6.2 rating for medical students is in the useful range it is

low compared to the 8.0 rating for fellow social workers. It is hypothesized that this reflects the high turnover of medical students and occasional conflicts brought about by initial resistance by the medical director who preferred to deal directly with another physician-psychiatrist. A similar low rating for psychiatry 6.5 compared to 8.0 for social work may reflect some reported interdisciplinary conflicts. Frequently social work students complained that the psychiatry residents were inaccessible. Psychiatry residents in the first year rotated through other neighborhood clinics. They performed other functions that could have affected their perceived role in the Consortium. As residents in the MHMRA agency they provided consultation to MHMRA staff, saw patients to evaluate and supervise medication and supervised MSW and para-professional social workers. It is hypothesized that this dual role led to difficulties in their encounters with the social work trainees. The social work trainees frequently complained that they felt "put down" by the psychiatry trainees. Psychiatry residents also complained that the content in the Wednesday morning didactic sessions was remedial. This led to restructuring the didactic by grouping social work and nursing trainees in one group and psychology and psychiatry in a second group. The physical separation reinforced the idea of unequal status and resulted in a reduced level of interaction. The 6.9 higher rating for psychology may reflect reduced conflict due to identification factors i.e. psychology represents another non-medical discipline. The high rating for social work peer interaction may reflect the group size and closeness that was observed with each group. It may also be characteristic of group dynamics present in interdisciplinary practice. Students turn to fellow students with whom they have most in common for emotional support. Initially, social work students experience a high level of anxiety in this kind of demanding setting. The

consistent high faculty interaction ratings may reflect the high degree of faculty-student interaction made possible due to the number of available faculty. The students reported a sense of commitment from the faculty to see the program work. The fairly high and even faculty ratings on a range of 6.8 for psychiatry and 7.7 for social work suggest that faculty conflicts were contained so that they were not disruptive to the program.

Conflicts were present from the very beginning over the content and order of topics to be included in the material presented didacticly. Space was a problem and a source of tension for faculty and students. In the initial semester the four social work students were overwhelmed with the work demands. Efforts by the social work faculty member to limit the case assignments were viewed as non-cooperative. Conflicts arose over the social work faculty's request to resolve the case volume problem by increasing the number of social work trainees. It was argued that this was not in keeping with the model. The fact is that the model was changed a number of times when the expected number of nursing trainees did not materialize and the structure of the didactic presentation was altered to reach the primary care trainees who were not attending the Wednesday morning seminars. Also, initially the clinic staff was resistant to changing their way of handling patients. There was a history of tension between the mental health and primary care staff. The mental health agency policy of giving priority to high risk patients (psychotic) was a source of conflict for the primary care staff who wanted help with acutely anxious or depressed patients.

Given the reported possible sources of tension, the findings reported in Table 3 indicate that the program obtained impressive and positive results. The respondents rated the program in the "very useful" range 7.75 to 8.08 in the effect that the program had on their level of self confidence, appreciation

for their role as social workers and their appreciation for the expertise of colleagues.

Summary and Conclusions

The purpose of this paper was to report the experiences of a two year interdisciplinary interinstitutional training program. Social work trainee participants in the program were asked to rate on a scale of 1-9 ten program variables. Twelve of eighteen participants rated their participation in the program with few exceptions in the 7-9 very useful range.

Interdisciplinary interinstitutional programs are challenging endeavors. Interdisciplinary faculty and students are likely to experience a degree of conflict. However, with a committed and supportive faculty such conflicts and differences can be resolved. Interdisciplinary reciprocal learning and even conflicts, as shown in this paper, could offer opportunities for growth and enhancement of one's respect for self and for representatives of other disciplines in human services.

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